NRIZUNA FUR	<u>IVI</u>	Arizona	i Exempt Organization Annua	ai inioi	matior	ı Ketui	<u>n</u>	CHECK O	NF	
99		For ta	axable year beginning \underline{MM} _/_DD _/ \underline{YYYYY} , and $$ er	nding <u>MM</u>	I DD IY	YYY.	Orig		nended	
		Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079					CHECK ONE Calendar year ☐ Fiscal year ☐			
		Please	Name				Feder	Federal employer ID number (FEIN) AZ withholding tax number		
		print or	Number and street							
Business telephone number		type	City or town, state and ZIP code				AZ transaction privilege tax number			
Check box if:	This is	a first retur	n Name change Address change			For D	OR use	e only		
A Date Arizona op	_		_							
		-	Arizona income tax//							
•	•	•	Alizona meome tax							
C Nature of Arizon	_			_						
		990 990-EZ Other (specify)			- <u> 81 </u>			66		
Attach copy of					_			[00]		
Sources			receipts from business activities				00			
of Income		,	goods sold or of operations - attach itemized statement				00			
Income			m business activities - subtract line 2 from line 1		3 4		00			
					5		00			
			alties		6		00			
		-	rom sale of assets, excluding inventory items		7		00			
			nents, etc., from members				00			
		9 Dues, assessments, etc., from affiliated organizations					00			
		10 Contributions, gifts, grants, etc., received					00			
			attach itemized statement		11		00			
	12 To	otal income -	add lines 3 through 11					12	00	
Administrative	13 Co	mpensation	of officers, directors, trustees, etc		13		00			
Expenses	14 Sa	laries and w	ages - other than amounts included on line 2		14		00			
	15 Int	erest			15		00			
					16		00			
					17		00			
		•	attach schedule				00			
	19 Mi	scellaneous	expenses - attach itemized statement		19		00	20		
			s - add lines 13 through 19 nents, etc., to affiliated corporations				00	20	00	
Disbursements			gifts, grants, etc., paid				00			
from Current Income for the			nts to or for members or their dependents:		22		00			
Organization's			ness, hospitalization, disability, or pension benefits		. 23a		00			
Exempt			fits		23b		00			
Purposes			other distributions to members, shareholders, or depos		24		00			
					25		00			
	26 To	tal - <i>add line</i>	es 21 through 25					26	00	
Disbursements	27 Du	ues, assessn	nents, etc., to affiliated corporations		27		00			
from Principal	28 Co	ntributions,	gifts, grants, etc., paid		28		00			
for the	29 Be	nefit paymer	nts to or for members or their dependents:							
Organization's			ess, hospitalization, disability, or pension benefits		29a		00			
Exempt			its		29b		00			
Purposes			other distributions to members, shareholders, or depos		30		00			
					31		00	00		
Other			es 27 through 31					32	00	
Other		6 Other disbursements not itemized above - attach schedule						33	00	
Accumulation		4 Accumulation of income in current year - <i>line 12 minus the sum of lines 20, 26, 32, and 33</i> 35 Accumulation of income at beginning of year						34	00	
of Income								35 36	00	
Penalty			of income at end of year - add lines 34 and 35 filing or incomplete filing (\$500.00)					37	00	
	J. 1 C	any ioi ialo	· ·······g or incomplete liming (4000.00) ·······					97	00	

2000

Schedule A - Balance Sheet

Note:	Amounts (used in attached schedules and in this column shou	(a) Beginning of year		(b) End of year				
		Assets		<u>-</u>					
A 1	Cash			Г		00	A 1	00	
		s receivable		00		100	AI	00	
		owance for doubtful accounts		00					
		less line A2b. Enter difference in column (b) .				00	A2c	00	
		tes and loans receivable - attach schedule	A3a	00		00	11.20	[00]	
		owance for doubtful accounts	A3b	00					
	c Line A3a less line A3b. Enter difference in column (b)						A3c	00	
		es				00	A4	00	
A 5	Investme	ents (securities) - attach schedule				00	A5	00	
		ents (other) - attach schedule				00	A6	00	
		ildings, and equipment; basis		00					
b	Less: acc	cumulated depreciation - attach schedule	A7b	00					
С	Line A7a	less line A7b. Enter difference in column (b) .				00	A7c	00	
		sets - <i>describe</i>				00	A8	00	
A9	Total as	sets - <i>add lines A1 through A8</i>				00	A9	00	
		Liabilities							
۸10	A coount	a navable and agarued expenses		Γ		00	A10	00	
		s payable and accrued expenses		00	A10 A11	00			
		es and other notes payable - <i>attach schedule</i> . bilities - <i>describe</i>		00		00			
				00	A12	00			
A13 Total liabilities - add lines A10 through A12								[00]	
		Net Assets		_					
A14	Capital s	tock or trust principal		00	A14	00			
A15	Paid-in o	r capital surplus		00	A15	00			
A16	Retained	earnings or accumulated income		00	A16	00			
A17	Total net	t assets - <i>add lines A14 through A16</i>		00	A17	00			
				Г			T T	T 1	
A18	l otal lial	bilities and net assets - add lines A13 and A	417			00	A18	00	
Certi	fication	Under penalties of perjury, I declare that I have it is a true, correct and complete return, made							
Pleas									
Sign	here	Signature of officer		Date	Title			,	
		-							
Paid									
Use (arer's Only	Preparer's signature			Date	-			
USE (Jilly]			
		Firm's name (or preparer's, if self-employed)					Preparer's	TIN	
		Firm's address				ZIP code			